DISCLOSURE

REPORT

DR-2

(Rev. 01/98)

## **DISCLOSURE SUMMARY PAGE**

COMMITTEE NAME (Must be same as on Statement of Organization)  Mill's County Democratic Committee PM1.  IMPORTANT: Indicate type of committee you are reporting for:  (1) Statewide/Legislative Candidate (2) Statewide PAC (3) State Party (4) County/Local Candidate (5) County PAC (6) Ballot Issue/Franchise Committee (7) County/City Central Committee (8) Support State of Candidates  Mign 9, M. Von Tena 1, 712-527-	Computer	-
SIGNATURE OF TREASURER (or person filing this report) TELEPHONE		•
Routine Penalties Due For Late Filed Reports Raise INSTRUCTIONS ON BACK AND COMPLETE THE FOLLOWING SENT I AM FILING A Lan 15+ through Dec. 315+ REPORT FOR ANA (1900) 1500 1500 1500 1500 1500 1500 1500 1	TENCE:  1) ELECTION /(2)NON-ELECTION YEAR.	1
(report date)	Indicate one 2	
CHECK IF AMENDMENT TO REPORT DATED	Local Committees, enter Date of Election	
Check if this is final (termination) report and attach Notice of Dissolution Form DR-3 (You must continue to file reports until a Notice of Dissolution is filed.)	County & Local Committees, enter County in which Election is held	
STATEMENT OF CASH ON HAI  CASH ON HAND at the beginning of the reporting period. (This is the total of all monies held by the committee. This amount MUST be the same as the cash on hand at the end of the last reporting period, or must be zero if this is first report filed.)  ADD TOTAL MONEY TAKEN IN THIS PERIOD  Schedule A: Cash Contributions total (Attach Schedule A)  Schedule F: Loans Received total (Attach Schedule F)  Schedule H: Total Sales of Campaign Property (Attach Schedule H)	\$ 1,098.99 25.45	
(Schedule H applies to Candidates' Committees Only)	3-TOTALS	
SUBTRACT TOTAL MONEY SPENT THIS PERIOD  Schedule B: Expenditures total (Attach Schedule B)		
DASH ON HAND at the end of this reporting period (if final report, balance must be zero) (Attach DR-3)		-
JNPAID BILLS (From Schedule D - Attach Schedule D)		
N KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E)		
OUTSTANDING LOANS (From Schedule F - Attach Schedule F)	\$	
CANDIDATE COMMITTEES ONLY:		
ONSULTANT BREAKDOWN (Schedule G Attached?)	vec No	
ALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H)	YESNO	

## For Instructions, See Back of Form

## CONTRIBUTIONS - MONEY TAKEN IN

(Including candidate's personal funds)

COMMITTEE NAME (Must be same as on Statement of Organization)

Mills County Democratic Committee

SCHEDULE	
(Rev. 02/96)	MONETARY RECEIPTS
FT CHE	CK THIS BOX IF NDING FORM

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE SOARD.

**CAUTION:** Section 688.32A(6), lower Code, prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (If applicable)	AMOUNT RECEIVED
3-17-07	ID# CK#	June me mahell Rontretution of less than 50.00 less interest on checking		\$20,00
	ID#	than to		
2007	CK#	enterest on checking		5.45
	ID#			
	CK#			
	ID#			
	CK#			
	ID#			
	GK#			
	ID#			
	CK#			
	ID#			
	CK#			
	ID#			
	CK#			
	ID#			
	CK#			
	ID#			
	CK#		,	
			SUB-TOTAL	- A

TOTAL (if last page of this schedule)

Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage) (See Page 2 of forms packet.). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

Page \_\_\_\_\_ of \_\_\_\_

EAR INC	TRUCTIONS.	SEE BACK	OF FORM
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## EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

SCHEDULE B (Rav. 08/96)	MONETARY EXPENDITURES
	K THIS BOX IF NOING FORM

COMMITTEE NAME (Must be same as on Statement of Organization) emocratic Committee CATEGORY' AMOUNT PURPOSE NAME AND ADDRESS TO WHOM CANDIDATE (SEE BELOW) EXPENDED (DESCRIBE EXPENDITURE ID NUMBER DATE TRANSACTION) (Disbursement) WAS MADE EXPENDED (if applicable) AND PAC (MM/DD/YR) CHECK NUMBER Millo Co. Fair Barbeaue Fund D \$25.00 7-16-07 CK#1205 1D# 1s Co. Fair Board CK# 1204 7-16-67 51534 ID# CK# ID# CK# ID# CK# ID# CK# ID# CK# SUB-TOTAL TOTAL (If last page of this schedule) 25,00

\*Campaign funds may be used only for:

(1) campaign purposes,

(2) constituency expenses, and

(2) educational and other expenses associated with duties of office.

Please insert the applicable number in the category column for each expenditure.

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and lows Code 56.6(3)(i).)

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